

# FORM RD-111

(12/14)

City of Kansas City, Missouri - Revenue Division

## EXTENSION - PROFITS RETURN EARNINGS TAX

Phone: (816) 513-1120

E-file: [kcmo.gov/quicktax](http://kcmo.gov/quicktax)



KANSAS CITY  
MISSOURI

Legal Name:	_____	Mailing Address:	_____
DBA Name:	_____		_____
FEIN / SSN:	_____	Business Address:	_____
Account ID:	_____		_____
Period From:	_____	Period To:	_____

DOLLARS CENTS

1. Estimated taxable earnings (or net profits)	1	.
2. Tax Due (1% of line 1)	2	.
3. Amount Paid (should be the same as line 2)	3	.

### NOTES:

An extension is granted for a period of six (6) months. This is not an extension of time for payment of taxes. This is a request for additional time to file your return. An automatic extension of time to file will be granted upon the timely receipts of tax due (line 3) and a completed application for extension. If the extension of time is not granted, you will receive a denial notice.

**Extension payment must be 90% of the tax due to avoid penalty and interest.**

### General Instructions:

#### WHO MAY FILE THIS EXTENSION

Every resident individual who derives income from an unincorporated business, association, profession, or other business activity

Every nonresident individual who derives income from an unincorporated business, association, profession or other activity doing business within Kansas City, Missouri.

Every corporation or partnership conducting a business within the city or rendering or performing services within Kansas City, Missouri

If your extension - (Wage Earner Return Earnings Tax) earnings are derived solely from salaries, wages, commissions, or other compensations you should complete form **RD-112**.

The due date or extension payment is April 15 for calendar year tax filers or 105 days after the end of the fiscal year if not a calendar year filer.

**DO NOT SEND CASH. Make check payable to: KCMO City Treasurer**

**Mail to: City of Kansas City, Missouri, Revenue Division, PO Box 843825 Kansas City, MO 64184-3825**

For changes to name, address or FEIN/SSN, please contact us at [revenue@kcmo.org](mailto:revenue@kcmo.org) or (816) 513-1120.

I authorize the Commissioner of Revenue or delegate to discuss my return and attachments with my preparer.

Under penalties of perjury, I declare this return to be true, correct, and complete accounting for the taxable year stated.

Yes ☐ No ☐

Print Name of Taxpayer	Signature	Title	Date	Phone
Preparer Name (if other than taxpayer)	Signature	Title	Date	Phone